STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	(lock
II. Name of lobbyist's partnership, firm or corporation, if a	iny: 1 /
Pushto Ad Domocro	in Alt
(Name of partnership, firm or corporation)	
83 Hanower ST, Sa	1110 76 Mandester UT 03
Business Address: (Street) 4 66 4586 (Town/City)	(State) (Zip Code)
(Telephone) (Fax	e-mail /)) a Cia W rad NH . q
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client:	
 All reportable transactions by the lobbyist (including the lob unrelated to any particular client. 	obyist's family), or the lobbying firm listed below which are
IV. Date of Report April 26, 2017	July 26, 2017 🛚
Reports cover: activity from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17
October 25, 2017 activity from 7/1/17 to 9/30/17	January 31, 2018 activity from 10/1/17 to 12/31/17
V. There have been no fees received and no reportable If this box is checked, complete just this form and submit it to the Concord, NH 03301.	
VI. Check if additional reports are attached:	
☐ If you have received fees or made expenditures, you must t	file Addendum A-Fees and Expenses
If you have paid an honorarium or reimbursed expenses, you Expense Reimbursement	ou must file Addendum B- Report of Honorariums or
☐ If you, your firm, or your family has made political contrib	outions, you must file Addendum C-Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hand complete to the best of my knowledge and belief. (Signature of lobbyist)	nereby swear or affirm that the foregoing information is true
(Print Name of lobbyist)	